| Name (| of Person Filing Do | ocument: | |
|------------------------------|---|--------------------------|---------------------------------------|
| Your C | address: tity_State_Zincode | <u></u> | |
| Your T | elephone Number: | '- <u></u> : | |
| ATLAS | Number (if applic | able): | |
| | | applicable): | |
| Repres | senting 🗌 Self (Wi | thout a Lawyer) OR | Attorney for Petitioner OR Respondent |
| | | | |
| | | SUPERIOR | R COURT OF ARIZONA |
| | | | RICOPA COUNTY |
| | | IVIA | RICUPA COUNTY |
| | | | Occas Nambara |
| Name of Petitioner/Plaintiff | | | Case Number: |
| ivallie (| | i | AFFIDAVIT OF SERVICE |
| | | | |
| Nome | of Respondent/Defe | andont . | BY REGISTERED MAIL |
| Name (| oi Respondent/Dete | Huani | |
| STATE | OF ARIZONA |) | |
| _ | y of Maricopa |)ss. | |
| | , | , | |
| 1. | I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served the | | |
| | court papers on the other party by registered mail, postage prepaid, return receipt requested, pursuant to | | |
| | Arizona Rules of Civil Procedure, Rule 4.2(c). | | |
| | Derson served (name of other north): | | |
| | Person served (name of other party): | | |
| | Address where other party was served: | | |
| | | , , | |
| | Date of receipt by | the other party: | |
| | Data of voture of v | anaint to conden | |
| | Date of return of re | eceipt to sender: | |
| 2. | I know that the other party is located outside the State of Arizona. The following documents were sent to | | |
| | the other party by registered mail: (List all of the documents sent to the other party): | | |
| | | | |
| | | | |
| | | | |
| | These court papers were received by the other party as shown by the receipt, a copy of which is attached | | |
| | to this Affidavit as required by Arizona Rules of Civil Procedure, Rule 4.2(c) | | |
| | | | , , , |
| | | | - |
| | | | Signature of Sender |
| SLIBSO | PIRED AND SWO | RN to before me this | date: hv |
| 30030 | NUDED WIND SMOI | TAIN TO DETOILE THE THIS | date:, by |
| | | | |
| My Cor | nmission Expires: | | N. C. D. L. |
| | | | Notary Public |